

1. PLACE OF DEATH:
 (a) County. MONITEAU
 (b) City or town. TIPTON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. -----
(Specify whether years, months or days)
 In this community. LIFE

3. (a) PRINT FULL NAME FRANK J. DICK
 3. (b) If veteran, name war. NONE 3. (c) Social Security No. 500-10-5393

4. Sex. male 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. MARRIED
 6. (b) Name of husband or wife. MARY C. DICK 6. (c) Age of husband or wife if alive. 67 years
 7. Birth date of deceased. APRIL, #24th, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>4</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace. COOPER COUNTY, MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation. LABORER

11. Industry or business. PUBLIC

MOTHER FATHER
 12. Name. CHRISTIAN DICK
 13. Birthplace. MONITEAU COUNTY, MISSOURI
 14. Maiden name. GERTRUDE FISHER
 15. Birthplace. MONITEAU COUNTY, MISSOURI

16. (a) Informant. MARY C. DICK (WIFE)
 (b) Address. TIPTON, MO.

17. (a) BURIAL (b) Date thereof. 9/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: Burial or cremation. Catholic Cemetery, Tipton, Mo.

18. (a) Signature of funeral director. Jessie E. Richard
 (b) Address. Tipton, Mo.

19. (a) 9-12-46 (b) Mrs. Maude Hudson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State. MISSOURI (b) County. MONITEAU
 (c) City or town. TIPTON
(If outside city or town limits, write "RURAL")
 (d) Street No. NONE
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? NATIVE years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month SEPT, day 11th
 year 1946 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from May 10 1946 to Sept. 11 1946
 that I last saw him alive on Sept. 5 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Atherosclerosis - Small
arteriosclerotic heart disease
 Due to Myocarditis
 Other conditions. _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations. 93D
 Of autopsy. _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
 While at work? _____ (e) Means of Injury 2
 23. Signature Dr. F. C. Thompson R.O. (M. D. or other) _____
 Address Tipton, Mo. Date signed 9/14/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number 9-46-139
Date Filed 9-17-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed James E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.